



77W
RCE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:	SALAS et al.	Examiner:	David Q. Le
Application No.:	09/916,528	Art Unit:	3621
Filed:	July 27, 2001	Docket No.:	DOCM-006/04US
Title:	METHOD AND APPARATUS FOR CONTROLLING ACCESS TO A PRODUCT		

CERTIFICATE OF MAILING

04/18/2005 EFLORES 00000046 09916528

01 FC:1801 790.00 DA

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in a prepaid envelope addressed to:
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

April 12, 2005. Deanne J. Salas

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL FILED WITH AMENDMENT

Mail Stop RCE

Commissioner for Patents

04/18/2005 EFLORES 00000046 050889 09916528

P.O. Box 1450

01 FC:1801 Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) under 37 CFR §1.114 of the above-identified application.

1. Submission required under 37 CFR §1.114

a. Previously submitted:

Consider the amendment(s)/reply under 37 CFR §1.116 previously filed on _____

Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

Other _____

b. Enclosed:

Amendment/Reply

Affidavit(s)/Declaration(s)

Information Disclosure Statement (IDS)

Other _____

c. Fee Calculation: The fee for excess claims, if applicable, has been calculated as shown below.

				Small Entity		Large Entity	
				Rate	Fee	Rate	Fee
RCE FILING FEE				x \$395 = \$		OR	x \$790 = \$
CLAIMS	After RCE	*HP	Extra				790
Total	11	50		x \$25 = \$		OR	x \$50 = \$
Independent	1	5		x \$100 = \$		OR	x \$200 = \$
Multiple Dependent Claims		-0-		x \$180 = \$		OR	x \$360 = \$
<i>*HP = Highest previously paid</i>				TOTAL FEES \$		TOTAL FEES \$	\$790

2. Miscellaneous:

- a. Suspension of action on the above-identified application is requested under 37 CFR §1.103(c) for a period of _____ months.
- b. Other _____

3. Applicant hereby petitions for an extension of time as follows:

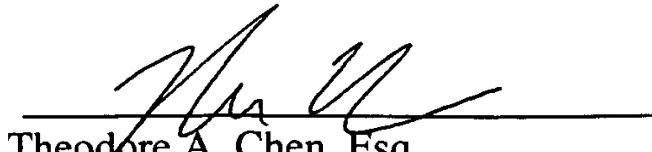
	SMALL ENTITY		LARGE ENTITY	
	Rate	Add'l Fee	Rate	Add'l Fee
<input type="checkbox"/> Extension for Response within FIRST month	x \$60 = \$		OR	x \$120 = \$
<input type="checkbox"/> Extension for Response within SECOND month	x \$225 = \$		OR	x \$450 = \$
<input checked="" type="checkbox"/> Extension for Response within THIRD month	x \$510 = \$		OR	x \$1020 = \$ 1020
<input type="checkbox"/> Extension for Response within FOURTH month	x \$795 = \$		OR	x \$1590 = \$
<input type="checkbox"/> Extension for Response within FIFTH month	x \$1080 = \$		OR	x \$2160 = \$

- 4. Applicant(s) hereby petition that any additional required extension of time be granted.
- 5. Enclosed is our Check No. _____ in the amount of \$ _____ to cover the RCE Fee required under 37 CFR §1.17 (e), the additional claim fee, if any, and/or extension of time fees.
- 6. Please charge Deposit Account No. 05-0889 (DOCM-006/04US) in the amount of \$1,810.00 to cover the RCE Fee required under 37 CFR §1.17 (e), additional claim fee and/or extension of time fees.
- 7. If the required fees are missing or any additional fees are required during the pendency of the subject application, please charge such fees or credit any overpayment to Deposit Account No. 05-0889 (DOCM-006/04US).
- 8. Applicant Initiated Interview Request Form.
- 9. Please continue to send correspondence to the following address:

CUSTOMER NO. 30,368

EMC Corporation
6801 Koll Center Parkway
Pleasanton, CA 94566
V 925-600-5681 F 925-600-5682

Date: 4/12/05


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Registration No. 40,557